

Ethics Consultant Proficiency Assessment Tool[†]

About the Consultant Proficiency Assessment Tool

This assessment tool is designed to help individuals assess their proficiency level with respect to the skills and knowledge required to provide competent health care ethics consultation.

Using the Results to Create an Individualized Professional Development Plan

Following completion of the assessment tool, the Ethics Consultation Coordinator should meet with the consultant to review the results and develop an individualized professional development plan to improve upon the consultant's baseline proficiencies. Consultants should have a minimum of a **basic level of skill or knowledge in all assessed items**.

For consultants who are “not skilled” or “not knowledgeable” in respect to one or more items, an immediate action plan should be developed to bring the consultant to a basic level. For consultants who already have at least basic skills or knowledge on every item, a plan should be designed to help the consultant develop advanced-level skill or knowledge in more of the proficiencies.

Identifying Knowledge and Skill Gaps in the Consultation Service

One of the responsibilities of the Ethics Consultation Coordinator is to ensure that the consultation service as a whole possesses the set of skills and knowledge identified in the *Core Competencies* report. The *Ethics Consultant Proficiency Assessment Tool* can help identify knowledge and skill gaps, especially in areas where at least one member of the ethics consultation service must have advanced skill or knowledge as urged by the American Society for Bioethics and Humanities. These items are denoted by an * asterisk on the assessment tool. The *Advanced Proficiencies Tracking Log* can help identify those consultants with advanced expertise.

How Often to Use the Consultant Proficiency Assessment Tool

The tool was designed to help consultants assess change over time and therefore we suggest that consultants repeat the assessment and update their individualized professional development plans on an annual basis. In addition, we encourage the use of the proficiency tool with all consultants who are new to the service. This will help to establish the consultant's baseline proficiencies and to ensure that new consultants receive sufficient mentoring and support.

[†] This tool is based on a report from the American Society for Bioethics and Humanities (ASBH) entitled *Core Competencies for Health Care Ethics Consultation* (1998).

Ethics Consultant Proficiency Assessment Tool

The purpose of this tool is to help consultants assess their proficiency with respect to the skills and knowledge required to provide competent ethics consultation in health care.

After you complete this tool, you should work with your Ethics Consultation Coordinator to create an individualized professional development plan.

DIRECTIONS: Please place an “X” in the box that best describes your present skill or knowledge level.

*Note: ASBH suggests that at least one individual on the consultation service possess advanced skill or knowledge for specific elements. These items are noted with an * asterisk.*

	Novice	Basic		Advanced	
Interpersonal Skills: skills needed to effectively communicate with others, and to develop positive relationships <i>Rate your ability to:</i>	Not Skilled	Somewhat Skilled	Skilled	Very Skilled	Expert
Listen well, and communicate interest, respect, support, and empathy to participants*					
Educate participants regarding the ethical dimensions of the case					
Elicit the moral views of participants in a nonthreatening way*					
Enable participants to communicate effectively and be heard by other participants*					
Accurately and respectfully represent the views of participants to others when needed*					
Recognize and address barriers to communication*					
Based on the preceding items , how would you rate your overall ability to effectively communicate with others and to develop positive relationships?					

	Novice	Basic		Advanced	
	Not Skilled	Somewhat Skilled	Skilled	Very Skilled	Expert
Process Skills: skills needed to facilitate formal and informal meetings, foster moral consensus, and gather, interpret, and document information. The next few items assess skill in facilitating formal and informal meetings. <i>Rate your ability to:</i>					
Identify key decision makers and other involved parties and include them in discussions					
Set ground rules for formal meetings (e.g., length, participants, purpose and structure, minutes)					
Express and stay within the limits of the ethics consultant's role during meetings					
Create an atmosphere of trust that respects privacy and confidentiality and that allows participants to feel free to express their concerns					
Based on the preceding items , how would you rate your overall ability to facilitate formal and informal meetings?*					

	Not Skilled	Somewhat Skilled	Skilled	Very Skilled	Expert
The next few items assess skill in fostering consensus among participants involved in the consultation. <i>Rate your ability to:</i>					
Attend to power imbalances and attempt to level the playing field					
Help individuals critically analyze the values underlying their assumptions, decision(s), and the possible consequences of that decision/those decisions					
Mediate among competing moral views					
Engage in creative problem solving (i.e., help parties to "think outside of the box")					
Create an atmosphere of trust that respects privacy and confidentiality and that allows participants to feel free to express their concerns					
Based on the preceding items , how would you rate your overall ability to foster consensus among parties involved in the consultation?*					

	Novice	Basic		Advanced	
<i>The next few items assess your ability to gather, interpret, and document information.</i>	Not Skilled	Somewhat Skilled	Skilled	Very Skilled	Expert
<i>Rate your ability to:</i>					
Gather and interpret information from the health record					
Visit and interview patients in various clinical settings					
Document the consult clearly and accurately in the health record					
Utilize institutional structures and resources to facilitate implementation of the chosen option					

Analytic Skills: skills needed to identify the nature of the value uncertainty or conflict that underlies the need for ethics consultation and analyze the value uncertainty or conflict that underlies the need for ethics consultation	Not Skilled	Somewhat Skilled	Skilled	Very Skilled	Expert
<i>The next few items assess skill in identifying the nature of the value uncertainty or conflict that underlies the need for ethics consultation.</i>					
<i>Rate your ability to:</i>					
Gather relevant data (e.g., medical facts, patients' preferences and interests, and other participants' preferences and interests)					
Assess the social and interpersonal dynamics of a consultation (e.g., power relations, racial, ethnic, cultural, and religious differences)					
Distinguish ethical dimensions of the consultation from other, often overlapping dimensions (e.g., legal, medical, psychiatric)					
Identify various assumptions that involved parties bring to the consultation (e.g., regarding quality of life, risk taking, hidden agendas)					
Identify, clarify, and distinguish the relevant values of involved participants					
Based on the preceding items, how would you rate your overall ability to identify the nature of the value uncertainty or conflict that underlies the need for ethics consultation?*					

	Novice	Basic		Advanced	
<i>The next few items assess skill in analyzing the value uncertainty or conflict that underlies the need for an ethics consultation.</i>	Not Skilled	Somewhat Skilled	Skilled	Very Skilled	Expert
<i>Rate your ability to:</i>					
Formulate an ethics question based on the circumstances of the case					
Identify the ethically appropriate decision maker (e.g., patient, surrogate, or health care team)					
Access relevant knowledge (e.g., bioethics, law, institutional policy, professional codes, religious teachings)					
Critically evaluate and apply relevant knowledge to the consultation (e.g., bioethics, law, institutional policy, professional codes, and religious teachings)					
Clarify relevant ethics concepts (e.g., confidentiality, privacy, informed consent, best interest)					
Identify and explain a range of ethically justifiable options and their consequences					
Evaluate evidence and arguments for and against different options					
Recognize personal limitations and possible areas of conflict between personal moral views and one's role in ethics consultation					
Based on the preceding items , how would you rate your overall ability to analyze the value uncertainty or conflict underlying the need for ethics consultation?*					

	Novice	Basic		Advanced	
	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Core Knowledge: Moral Reasoning					
Rate your knowledge of:					
Moral reasoning and ethics theory, including familiarity with a variety of approaches to ethical analysis (e.g., consequentialist, deontological, principle-based, casuistic)*					
Core Knowledge: Common Ethics Issues and Concepts					
Rate your knowledge of:					
Shared decision making (e.g., decision-making capacity, informed consent process, surrogate decision making, advance care planning, limits to patient choice)*					
End-of-life care (e.g., cardio-pulmonary resuscitation/CPR, life-sustaining treatments, medical futility, hastening death, death and postmortem issues)*					
Privacy and confidentiality (e.g., patient control of personal health information, exceptions to confidentiality, duty to warn) *					
Professionalism (e.g., conflict of interest, truth telling, difficult patients, cultural/religious/spiritual sensitivity)*					
Resource allocation (e.g., systems level or macroallocation, individual level or microallocation)*					
Business and management (e.g., performance incentives, data management, record keeping)*					
Everyday workplace (e.g., employee privacy, appropriate employee-employer relationships, openness to ethics discussion)*					

	Novice	Basic		Advanced	
Core Knowledge: Common Ethics Issues and Concepts—cont'd	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
<i>Rate your knowledge of</i>					
Government Service (e.g., fiduciary duty to the public, use of government resources, duty to report waste, fraud, or abuse)*					
Research (e.g., informed consent for research)*					

	Novice	Basic		Advanced	
Health Care System *	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
<i>Rate your knowledge of:</i>					
Health care systems, including knowledge of managed health care, governmental systems for financing care, etc.					
Clinical Context*					
<i>Rate your knowledge of:</i>					
Clinical literacy including ability to understand medical terms, disease processes, treatments, prognoses, medical decision making, current or emerging technologies, different roles, relationships, etc.					
The Local Health Care Institution*					
<i>Rate your knowledge of:</i>					
The local health care facility, including mission statement, organizational structure, range of services, population served, etc.					
Local facility policies related to ethics					
National policies related to ethics					

	Novice	Basic		Advanced	
	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable	Expert
Beliefs and Perspectives of the Local Patient and Staff Population <i>Rate your knowledge of:</i>					
Beliefs and perspectives that bear on the health care of racial, ethnic, cultural, and religious groups served by the facility					
Resources that can be accessed for understanding and interpreting cultural and faith communities					
Codes of Ethics <i>Rate your knowledge of:</i>					
Professional codes of conduct (e.g., medicine, nursing, health care executives) and other ethics guidelines or consensus statements (Presidents' commissions, etc.)					
Guidelines of accrediting organizations related to ethics (e.g., JCAHO, CAP)					
Health Law <i>Rate your knowledge of:</i>					
Relevant health law (e.g., federal, state, constitutional, statutory, and case law)					

Consultant Name: _____

Date Completed: _____

Advanced Proficiency Tracking Log

This log is designed to help the Ethics Consultation Coordinator easily identify which consultants possess the advanced knowledge and skills suggested by the American Society for Bioethics and Humanities.

Listed below are the proficiencies denoted with an * asterisk on the *Ethics Consultant Proficiency Assessment Tool*.

Advanced Interpersonal Skills	Consultant Name(s)
Listening and communicating interest, respect, support, and empathy to involved parties	
Eliciting the moral views of participants in a nonthreatening way	
Helping participants to communicate effectively and be heard by other parties	
Representing the views of participants to others when needed	
Recognizing barriers to communication	
Advanced Process Skills	
Facilitating formal and informal meetings	
Fostering consensus	
Advanced Analytic Skills	
Identifying nature of the value uncertainty or conflict underlying the need for ethics consultation	
Analyzing the value uncertainty or conflict underlying the need for ethics consultation	

Advanced Knowledge	Consultant Name(s)
Moral reasoning and ethics theory as it relates to ethics consultation	
Ethical issues and concepts: Shared decision making with patients	
Ethical issues and concepts: End-of-life care	
Ethical issues and concepts: Patient privacy and confidentiality	
Ethical issues and concepts: Professionalism in patient care	
Ethics issues and concepts: Resource allocation	
Ethical issues and concepts: Business and management	
Ethical issues and concepts: Research	
Ethical issues and concepts: Government service	
Ethical issues and concepts: Everyday workplace	
Health care system	
Clinical context	
Local health care institution	

Ethics Consultation Feedback Tools

About the Ethics Consultation Feedback Tool

An important aspect of offering a high quality consultation service is to satisfy the needs and expectations of the customer. These ethics consultation feedback tools provide a quick and easy means of systematically surveying staff and other participants in a consultation. It has been adapted from an instrument developed for use by the Ethics Consultation Service of the National Center for Ethics in Health Care.

How to Use the Ethics Consultation Feedback Tools

The *Ethics Consultation Feedback Tool for Staff* is designed to be completed by any or all staff members involved in an ethics case consultation, including the requester, clinicians involved in the patient's care, or other individuals who participated in the consultation. This tool has not been approved by the Office of Management and Budget for use with nongovernment employees or patients and family members. It may *only* be completed by staff.

However, patients and family members bring a unique and important perspective to the consultation service and should not be excluded from participating in the feedback process. You may still gather feedback from patients and family members in an open-ended fashion. You might ask them to comment about the ethics consultation and suggest aspects of the experience that they might describe. At minimum, the person who requested the consultation should be asked to use the *Ethics Consultation Feedback Tool for Patients, Families, and Surrogates* to provide open-ended feedback.

To reduce influence on response, someone other than the consultant(s) assigned to the case should administer the tool, such as a member of the facility's quality management staff or the ECWeb evaluator.

Using the Results to Improve the Ethics Consultation Service

The Ethics Consultation Coordinator should review, summarize, and report the data to the IE Council on an annual or semi-annual basis. Frequencies (number of occurrences) and percents (%) are the easiest and most informative method of summarizing the data. A blank feedback tool can be used to tally or display the summarized data.

In general, the Ethics Consultation Coordinator should prioritize for improvement those items that have a high number or percent of responses concentrated in the fair or poor category. If responses on all items are in the "good," "very good," or "excellent" range, the next improvement goal might be to increase the percentage of responses that are "very good" and "excellent."

Finally, the Ethics Consultation Coordinator should compare summary data by year to evaluate whether improvements are being made or maintained, or if performance is falling off.

Ethics Consultation Feedback Tool for Staff

Recently, you spoke with someone from the Ethics Consultation Service. The job of the service is to help patients, families, and staff work through difficult patient care decisions by listening to what everyone thinks and helping people decide the best thing to do. In order to help improve the Ethics Consultation Service, we ask that you take a few minutes to complete this form.

DIRECTIONS: For each of the following statements, please place an “X” in the box that best describes your most recent experience with the Ethics Consultation Service.

Rate the Ethics Consultant(s) on:	Excellent	Very Good	Good	Fair	Poor	Don't Know
Making you feel at ease						
Respecting your opinions						
Being an expert in ethics						
Giving you useful information						
Explaining things well						
Clarifying decisions that had to be made						
Clarifying who is the right person to make the decision(s)						
Describing possible options						
Clearing up any disagreements						
Being easy to get in touch with						
Being timely enough to meet your needs						
Providing a helpful service						

	Excellent	Very Good	Good	Fair	Poor	Don't Know
Overall, my experience with the Ethics Consultation Service was:						

Did the consultation service make any recommendations? Yes ☐ No ☐ Don't Know ☐

If yes, were the recommendations generally followed? Yes ☐ No ☐ Don't Know ☐

Do you have any comments or suggestions for the Ethics Consultation Service? _____

Ethics Consultation Feedback Tool for Patients, Families, and Surrogates

Recently, you spoke with someone from the Ethics Consultation Service. The job of the service is to help patients, families, and staff work through difficult patient care decisions by listening to what everyone thinks and helping people decide the best thing to do.

We're interested in feedback about your recent ethics consultation experience. Please provide your comments below. You may wish to describe whether the consultant made you feel at ease, respected your opinion, gave you useful information, explained things well, clarified the decisions that had to be made and who was the right person to make the decision, whether it was timely and helpful, etc.

[illegible]

Ethics Case Consultation Summary

About the Ethics Case Consultation Summary Template

This tool is designed to help individuals who perform health care ethics consultation summarize their cases and document their work. In conjunction with the ethics consultation pocket card and the CASES approach, the print version of this template provided below can also be used as a worksheet while performing an ethics consultation. An electronic version of this template can be downloaded for local use from vaww.ethics.va.gov/IntegratedEthics.

The template is designed to help consultants generate a comprehensive summary at the end of the “Synthesis” step of each case consultation. This is useful not only for recordkeeping and documentation purposes, but also as a guide for communicating information to key participants, including family members when appropriate. Consultation summaries can also serve as a valuable educational resource to others involved in the patient’s care when placed in the patient’s health record.

The template is longer than most clinical consultation notes. However, the comprehensiveness of the form helps to ensure that the record is complete, and that steps are not overlooked in the consultation process. If a particular data field is not relevant to the case at hand, the consultant should enter “Not Applicable” to indicate to the reader that this element was considered. Since some readers will only read the final two sections (Recommendations and Plans), consultants should pay special attention to these sections and how they are phrased.

About the Sample Ethics Case Consultation Summary

This sample demonstrates how the summary might look at the completion of an ethics case consultation. Please note that the names and events in the sample case are fictionalized and any similarity to actual people or events is unintentional.

Sample Ethics Case Consultation Summary

Requester Information

First name: Zelda Last name: Button Degree(s): MD Title: Chief, ICU

Role in the case:

- ☒ Physician – Staff
- ☐ Physician – Trainee
- ☐ Nurse – NP
- ☐ Nurse – RN
- ☐ Nurse – LPN
- ☐ Physician assistant
- ☐ Social worker
- ☐ Other clinical staff
- ☐ Patient
- ☐ Family member
- ☐ Other

Date of request: 2-2-07

Time of request: 9:00 AM

Timeframe (Check one): ☒ Routine ☐ Urgent

Requester's Description of Ethics Case and Concern:

Dr. Button requested an ethics consultation to help the treatment team decide whether they should comply with the family's request for complementary or alternative therapy consistent with the teachings of Edgar Cayce. She described the therapies as "fumes of apple brandy into the patient's endotracheal tube, a nutritional mixture of ground figs, cornmeal and milk via the patient's NG tube, and olive oil rubs to the patient's back and chest."

Steps taken to resolve the concern prior to ethics consultation:

Team members discussed the case.

Type of assistance requested (Check all that apply):

- ☒ Forum for discussion
- ☒ Conflict resolution
- ☒ Explanation of options
- ☐ Values clarification
- ☐ Policy interpretation
- ☐ Recommendation for care
- ☐ Moral support

Patient Information

First name: Benjamin Last name: Ruiz

Age: 72 Gender: ☒ Male ☐ Female

Clinical service (check one):

- ☒ Medical and Subspecialty Care (including Neurology)
- ☐ Geriatrics and Extended Care/Rehabilitation Medicine
- ☐ Mental Health
- ☐ Surgical and Anesthesia
- ☐ Other (Specify):

Patient's location: ICU, Bed 1

Attending physician: Zelda Button, MD

Was the attending notified? ☒ Yes ☐ No If no, explain:

Ethics Question (Use one of the following formats):

Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable?

- or -

Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?

The ethics question is:

Given that the team recognizes the importance of shared decision making and wants to honor the surrogate's treatment request but feels that doing so might compromise their professional standards, is it ethically justifiable to refuse the request for such therapy?

Ethics Consultants

Primary: Salvatore Garibaldi, RN

Other (List): Jane Ostrow, MD

Decision-Making Capacity

Does the patient have decision-making capacity?

- ☐ Clearly yes
- ☒ Clearly no
- ☐ Partial/fluctuating/unclear (If checked, explain):

Surrogate Decision Maker

Does the patient have an authorized surrogate? ☒ Yes ☐ No (If no, explain):

Name of surrogate: Robert Ruiz

Surrogate's contact information: (111) 555-1212

Surrogate's relationship to patient:

- ☐ Health Care Agent
- ☐ Legal guardian or special guardian
- ☐ Next-of-kin (If checked, specify):
 - 1) ☐ Spouse
 - 2) ☒ Child
 - 3) ☐ Parent
 - 4) ☐ Sibling
 - 5) ☐ Grandparent
 - 6) ☐ Grandchild
- ☐ Close friend

Comments about surrogate selection:

The team does not expect the patient to regain decisional capacity anytime soon. The patient's spouse has relinquished decision-making responsibility to the son.

Advance Directive

Does the patient have an advance directive? ☐ Yes ☒ No

If yes, did the consultant(s) review the directive? ☐ Yes ☐ No (If no, explain):

If yes, summarize the relevant content of the directive, using direct quotes if possible:

Data Sources and Summary

The consultant(s) collected data from the following sources:

Examination of the patient's medical record: ☒ Yes ☐ No (If no, explain):

Face-to-face patient visit: [x] Yes [] No (If no, explain):

Other people interviewed and their roles (staff, family/friends, etc.):

Dr. Button, Dr. Mary Cola (resident), Betty Brown, RN (nurse), Mrs. Ruiz (wife), Robert Ruiz (son).

The *medical facts* of the case are summarized as follows:

The patient is a 72-year-old male who has been receiving treatment for pulmonary TB in the ICU for several weeks. He is intubated and receives nutrition via an NG tube. He is unable to be weaned from the ventilator at this time. He is clinically stable and tolerating the current medical regimen (4 anti-TB meds, nutritional and other supportive care), although he remains weak and nutritionally compromised. Dr. Button is cautiously optimistic that the patient will recover from the TB and be able to be extubated.

The *patient's preferences and interests* in the case are summarized as follows:

The patient is unable to participate in medical decision making due to confusion. His wife, who speaks only Spanish, has indicated through an interpreter that she wishes all medical decisions to be made by their only child, Robert. The patient has not completed an advance directive and was not a follower of Edgar Cayce.

Other parties' preferences and interests in the case are summarized as follows:

The patient's son has requested that his father receive alternative therapies for TB as described in the teaching of Edgar Cayce. Specifically, he requested that the patient be allowed to inhale fumes of apple brandy steeped in a charred wooden keg via his endotracheal tube in addition to current TB medications. He also wants the patient's diet to be changed to a mixture of ground figs, cornmeal and milk given through the patient's NG tube. Finally, he would like to be able to rub the patient's back and chest with olive oil several times a day. The son said his request was based on what he thought was best for his dad rather than any previous preferences that his father had expressed. The son stated that he could not bear the thought of losing his father and was just trying to make sure that everything that could be done for him was being tried. He believes the alternative therapies will help make his father well.

The attending physician's reluctance to comply with the son's wishes is based primarily on concerns for safety. She explained that the fumes were untested in the respiratory circuit and might damage the machinery or cause an unforeseen reaction. She also postulates that the proposed diet will clog the feeding tube and she does not feel that it would provide the patient with complete nutrition. Clogged tubes would result in more tube changes and discomfort for the patient. Since the son would provide the proposed therapies, there are added concerns that staff could not meaningfully control the composition of the fumes and feeding mixture. Liability and accreditation issues may exist. The team is reluctant to even allow the olive oil body rubs because this practice deviates from usual nursing protocols and might attract insects to the room.

Summary of Ethics Knowledge

The following sources of ethics knowledge were reviewed or consulted:

- ☒ VA policy
- ☐ Professional codes and guidelines
- ☒ Published literature
- ☐ Precedent cases
- ☐ Outside ethics experts
- ☐ Other (Specify):

The *ethics knowledge* relevant to this case is summarized as follows:

Edgar Cayce was a psychic who responded to diverse questions, including health-related issues, after putting himself into trance states. Although he died in 1945, he still has many followers today. The therapies that the patient's son proposed are in fact based on Edgar Cayce's teachings but have not been corroborated in the medical literature.

Although surrogates can choose from options offered by the treatment team, including the option of refusing treatment, they have no authority to compel the treatment team to apply therapies that are outside the standard of medical practice, or that may cause the patient harm. Furthermore, surrogates are obligated to make decisions based on the patient's values and previously stated preferences and, only if they are not known may the surrogate apply other reasoning to the decision (i.e., best interests). [VHA Handbook 1004.1 and local informed consent policy describe procedures, roles and responsibilities for surrogate decision-making.]

Summary of Formal Meetings

Did formal meeting(s) take place? ☒ Yes ☐ No

If yes, list date(s), time(s), and attendees, and summarize:

On 2/4/2004 at 2 PM, the ethics consultation team met with members of the health care team (attending, resident, nurse) and the patient's family (wife, son). The team reviewed the patient's medical condition and explained to his son that they were not inclined to comply with his requests because they felt that the current treatment regimen gave his father the best chance for recovery and was within accepted medical practice standards. The team also outlined the potential harm's of the alternative therapies. The ethics consultants reviewed the roles and responsibilities of surrogate decision makers.

The son understood his role as surrogate decision maker as well as the team's safety concerns but felt that the team was "closed minded" about the teachings of Edgar Cayce and that his wishes were being dismissed without thought. Although he considered the information carefully, he still felt that the alternative therapies he proposed were best for his father. At no time did the son object to the current treatment regimen. He only wished to add the alterative therapies to the existing treatment plan.

Ethics Analysis

Describe how the relevant ethics knowledge applies to the case and the ethics question:

It is important to note that the ethically appropriate decision maker in a particular case is based on the circumstances as well as the nature of the decision to be made. Specifically, it is important to distinguish between the patient's right to choose among medically acceptable options, and the provider's duty to offer the patient choices that are consistent with their professional judgment. Decision making rests with patients, or authorized surrogates, in cases where patients or surrogates are choosing among medically appropriate options for care. However, when the decision is about determining what particular treatments or procedures are consistent with sound medical practice, clinicians are the appropriate decision makers. When clinicians make medical decisions, they must assure that they do so on the basis of sound professional judgment, and must be careful not to abuse their authority by substituting their own preferences and values for those of the patient.

Options Considered

Describe the options considered and explain whether each option was deemed ethically justifiable and why:

1. Supply all the alternative therapies requested by the surrogate. (This option was not deemed ethically justifiable, because the health care team indicated that some of the therapies would likely cause harm.)
2. Deny the surrogate's request for any alternative therapies. (This option was deemed ethically justifiable, but only if the health care team first explored whether some aspects of the request could be reasonably accommodated without imposing undue burdens.)
3. Negotiate a treatment plan that includes only the alternative therapies that are believed to be safe and consistent with professional standards. (This option was deemed ethically justifiable as it inherently respects both professional and surrogate roles as well as optimizing the patient's safety.)

Ethically Appropriate Decision Maker

Who is the rightful decision maker(s) regarding the critical decision(s) in the case?:

Dr. Zelda Button, attending physician.

Explain: The critical decision in the case—whether particular therapies should be offered—is a matter of professional judgment. Therefore, the ethically appropriate decision maker is Dr. Button, the responsible clinician.

Agreement

Did the relevant parties reach agreement in the case? [☐] Yes [☒] No (If no, explain):

The son understands that the decision is outside of his authority but he continues to feel that his preferences should be honored. Dr. Button continues to resist any alternative therapies, but agreed to try to keep an open mind.

RECOMMENDATIONS

1. The team should consider the ethical analysis and the options as detailed above.
2. The team should review some of the literature the ethics consultants provided on complementary/alternative medicine. Patients are increasingly requesting/expecting clinicians to integrate alternative care into the treatment plan. The recommended articles discuss ways of approaching complementary and alternative medicine in a manner that minimizes potential harm and maximizes the aspects that play a role in a healing relationship.
3. An “all or nothing” approach to care planning should be avoided when at all possible. The team should negotiate a treatment plan that includes only the requested therapies that are known to be safe and are reasonable for staff to allow. For example, the treatment team may wish to give further consideration to the request that the son be allowed to rub olive oil on his father’s chest several times a day, at least on a trial basis. If the son is permitted to rub olive oil on the father’s chest, staff should assess to ensure the patient is not uncomfortable or showing evidence of resisting, and that there are no adverse effects from this activity.
4. The wife and son should be offered support services such as social work or chaplaincy.

PLANS

The team will further explore the possibility of allowing the use of one or more alternative therapies, especially the olive oil. The ethics consultant team will check in with the treatment team and the patient’s family in one week.

Ethics Case Consultation Summary Template

Requester Information

First name: Last name: Degree(s): Title:

Role in the case:

- ☐ Physician – Staff
- ☐ Physician – Trainee
- ☐ Nurse – NP
- ☐ Nurse – RN
- ☐ Nurse – LPN
- ☐ Physician assistant
- ☐ Social worker
- ☐ Other clinical staff
- ☐ Patient
- ☐ Family member
- ☐ Other

Date of request: Time of request:

Timeframe (Check one): ☐ Routine ☐ Urgent

Requester's Description of Ethics Case and Concern:

Type of assistance requested (Check all that apply):

- ☐ Forum for discussion
- ☐ Conflict resolution
- ☐ Explanation of options
- ☐ Values clarification
- ☐ Policy interpretation
- ☐ Recommendation for care
- ☐ Moral support

Patient Information

First name:

Last name:

Age:

Gender: ☐ Male ☐ Female

Clinical service (check one):

- ☐ Medical and Subspecialty Care (including Neurology)
- ☐ Geriatrics and Extended Care/Rehabilitation Medicine
- ☐ Mental Health
- ☐ Surgical and Anesthesia
- ☐ Other (Specify):

Patient's location:

Attending physician:

Was the attending notified? ☐ Yes ☐ No

If no, explain:

Ethics Question (Use one of the following formats):

Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable?

- or -

Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?

*The ethics question is:***Ethics Consultants**

Primary:

Other (List):

Decision-Making Capacity

Does the patient have decision-making capacity?

- ☐ Clearly yes
- ☐ Clearly no
- ☐ Partial/fluctuating/unclear (If checked, explain):

Surrogate Decision Maker

Does the patient have an authorized surrogate? ☐ Yes ☐ No

If no, explain:

Name of surrogate:

Surrogate's contact information:

Surrogate's relationship to patient:

- ☐ Health Care Agent
- ☐ Legal guardian or special guardian
- ☐ Next-of-kin (If checked, specify):
 - 1) ☐ Spouse
 - 2) ☐ Child
 - 3) ☐ Parent
 - 4) ☐ Sibling
 - 5) ☐ Grandparent
 - 6) ☐ Grandchild
 - 7) ☐ Close friend

Comments about surrogate selection:

Advance Directive

Does the patient have an advance directive? ☐ Yes ☐ No

If yes, did the consultant(s) review the directive? ☐ Yes ☐ No

If no, explain:

If yes, summarize the relevant content of the directive, using direct quotes if possible:

Data Sources and Summary

The consultant(s) collected data from the following sources:

Examination of the patient's medical record: ☐ Yes ☐ No

(If no, explain):

Face-to-face patient visit: ☐ Yes ☐ No

If no, explain:

Other people interviewed and their roles (staff, family/friends, etc.):

The *medical facts* of the case are summarized as follows:

The *patient's preferences and interests* in the case are summarized as follows:

Other parties' preferences and interests in the case are summarized as follows:

Resources in Ethics

In addition to general ethics-related materials available on the Center's website (vawww.ethics.va.gov), the following resources may be helpful:

Print Resources

Ahronheim JC, Moreno JD, Zuckerman C. *Ethics in Clinical Practice*, 1st ed. Boston: Little Brown;1994.

American Society for Bioethics and Humanities, Task Force on Standards for Bioethics and Humanities. *Core Competencies for Health Care Ethics Consultation: The Report of the American Society for Bioethics and Humanities*. Glenview, IL: American Society for Bioethics and Humanities;1998.

Baily MA, Bottrell M, Lynn J, Jennings B. The ethics of using QI methods to improve health care quality and safety. *Hastings Center Rpt.* 2006;36(4, Special Supplement):S1–S40.

Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*, 5th ed. New York: Oxford University Press;2001.

Cooper TL, ed. *Handbook of Administrative Ethics (Public Administration and Public Policy)*. New York, NY: Marcel Dekker; 1994.

Devettere RJ. *Practical Decision Making in Health Care Ethics: Cases and Concepts*, 2nd ed. Washington, DC: Georgetown University Press;2002.

Dubler NN, Liebman CB. *Bioethics Mediation: A Guide to Shaping Shared Solutions*. New York: United Hospital Fund of New York;2004.

Ells C, MacDonald C. Implications of organizational ethics to healthcare. *Healthcare Management Forum* 2002;15(3):32–38.

Fletcher JC, Boyle R. *Introduction to Clinical Ethics*, 2nd ed. Frederick, MD: University Publishing Group;1997.

Giganti E. Organizational ethics is “systems thinking.” *Health Progress* 2004;85(3). Available at www.chausa.org/Pub/MainNav/News/HP/Archive/2004/05MayJune/columns/HP0405d.htm.

Gutman A, Thompson D. *Ethics and Politics: Cases and Comments*, 4th ed. Belmont, CA: Wadsworth Publishing;2005.

Hatcher T. *Ethics and HRD: A New Approach to Leading Responsible Organizations*, 1st ed. New York, NY: Perseus Books Group; 2002.

Jonsen A, Siegler M, Winslade W. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 5th ed. New York: McGraw Hill;2002.

Jonsen A, Toulmin S. *The Abuse of Casuistry: A History of Moral Reasoning*. Berkeley: University of California Press;1990.

La Puma J, Schiedermayer D. *Ethics Consultation: A Practical Guide*. Boston: Jones and Bartlett;1994.

- Lewis CW, Gilman SC. *The Ethics Challenge in Public Service: A Problem-Solving Guide*, 2nd ed. San Francisco: Jossey-Bass;2005
- Lo B. *Resolving Ethical Dilemmas*, 2nd ed. Philadelphia: Lippincott Williams & Wilkins;2000.
- Mappes TA, DeGrazia D. *Biomedical Ethics*, 5th ed. New York: McGraw-Hill;2001.
- Metzger M, Dalton DR Hill JW. The organization of ethics and the ethics of organization. *Business Ethics Qly.* 1993;3(1):27–43.
- Monagle JF, Thomasma, DC. *Health Care Ethics: Critical Issues for the 21st Century*, 2nd ed. Sudbury, MA: Jones and Bartlett;2004.
- Oak JC. Integrating ethics with compliance. Reprinted in Council of Ethical Organizations, *The Compliance Case Study Library*. Alexandria, VA: Council of Ethical Organizations;2001:60–78.
- Paine LS. Managing for organizational integrity. *Harvard Business Rev.* 1994;Mar-Apr:106–17.
- Post SG, ed. *Encyclopedia of Bioethics*, 3rd ed. New York: Macmillan Reference USA;2004.
- Steinbock B, Arras J, London, AJ. *Ethical Issues in Modern Medicine*, 6th ed. Boston: McGraw-Hill; 2003.
- Treviño LK, Nelson KA. *Managing Business Ethics: Straight Talk About How To Do It Right*, 3rd ed. Hoboken, NJ: Wiley;2003.
- Werhane PH, Freeman RE. *Business Ethics (The Blackwell Encyclopedia of Management)*, 2nd ed. Boston: Blackwell Publishing;2006.
- Woodstock Theological Center. *Seminar in Business Ethics*. Washington: Georgetown University Press;1990. Available at http://guweb.georgetown.edu/centers/woodstock/business_ethics/cmecc.htm.

Online Resources—Codes of Ethics

The Academy of Management

Code of Ethical Conduct

<http://ethics.iit.edu/codes/coe/academy.mgt.b.html>

Standards of Professional Conduct for Academic Management Consultants

<http://ethics.iit.edu/codes/coe/academy.mgt.a.html>

American Association of Nurse Anesthetists

<http://ethics.iit.edu/codes/coe/amer.assoc.nurse.anesthetists.a.html>

American College of Healthcare Executives

http://www.ache.org/abt_ache/code.cfm

Other VA and public policies relating to ethics:

VHA Directive 2001-027, Organ Transplants

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=323

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

VHA Directive 2003-060, Business Relationships Between VHA Staff and Pharmaceutical Industry Representatives

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=288

VHA Directive 2005-049, Disclosure of Adverse Events to Patients

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1339

VHA Handbook 1004.1, Informed Consent for Treatments and Procedures

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=404

VHA Handbook 1004.2, Advance Health Care Planning (Advance Directives)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=420

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols Within the Department of Veterans Affairs (VA)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1150

VHA Handbook 1058.2, Research Misconduct

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1259

VHA Handbook 1200.5, Requirements for the Protection of Human Subjects in Research

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=418

VHA Handbook 1605.1, Privacy and Release of Information

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=406

VHA Manual M-2, Part VI, Chapter 9, Post-Mortem Examination

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=855

Standards of Ethical Conduct for Employees of the Executive Branch

usage.gov/pages/forms_pubs_otherdocs?fpo_files/references/rfsoc_02.pdf

5 USC 2302(b), Prohibited Personnel Practices

www.gpoaccess.gov/uscode

5 USC 2301(b), Merit System Principles

www.gpoaccess.gov/uscode

Other important standards are established by accrediting bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, <http://www.jointcommission.org>) and the Commission on Accreditation of Rehabilitation Facilities (CARF, <http://www.carf.org>).



EXPLAIN the Synthesis

Communicate the synthesis to key participant

- Communicate directly to key participants
- Describe what transpired as well as the resolution and any recommendations or plans
- Indicate willingness to continue working with participants

Provide additional resources

- Consider what might be most useful to participants
- Make available copies of articles or other publications. Recommend websites for additional information

Document the consultation in the health record

- Name and role of requester
- Date and time of request
- Name(s) of consultant(s)
- Description of case and ethics concern
- Ethics question
- Sources and summary of relevant information (i.e., medical facts, patient interests, other interests, ethics knowledge)
- Description of formal meetings held
- Summary of ethical analysis
- Determination of ethically appropriate decision maker
- Options considered and whether consensus was reached
- Recommendations and plans

Document the consultation in consultation service records

- All health record notes
- Inter-consultant communications and notes
- Activities supporting the consultation process
- Use ECWeb (if available)



SUPPORT the Consultation Process

Follow up with participant

- What happened with the case?
- Have any new ethics concerns emerged?
- Were the recommendations followed? If not, why not?

Evaluate the consultation

- Conduct a critical self-review of each case
- Compare actual processes followed to established standards
- Determine participants' satisfaction with the consult process
- Obtain feedback from peers and supervisors
- Explore opportunities for external peer review

Adjust the consultation process

- Consider results of follow-up and evaluation steps above
- Make changes in policies and/or procedures as appropriate

Identify underlying systems issues

- For each case, consider whether underlying systems issues need to be addressed
- Periodically review records to look for patterns of recurrent cases or concerns
- Bring significant systems issues to the attention of the individual or body responsible for handling such concerns



Ethics Consultation Responding to Ethics Questions in Health Care

This card describes a practical, systematic approach for performing ethics case consultation.

This process involves five steps:

- Clarify** the Consultation Request
- Assemble** the Relevant Information
- Synthesize** the Information
- Explain** the Synthesis
- Support** the Consultation Process

The National Center for Ethics in Health Care designed the CASES approach to standardize the process of ethics consultation throughout the VA system. For consultations involving active clinical cases, consultants should follow all of the steps in the CASES approach. For other types of consultations, such as general questions about ethics, policy interpretations, or requests for ethical analysis of organizational ethics topics, the CASES approach should be modified as needed.

The CASES steps were initially designed to guide ethics consultants through the complex process of resolving ethical issues. We intend these steps to be used similarly to the way clinicians use a standard format for taking a patient's history, performing a physical exam, or writing up a clinical note. Even when some steps don't require specific, observable action, each step should be considered systematically as part of every ethics consultation.



CLARIFY the Consultation Request

Characterize the type of consultation request

- Does the requester want help resolving an ethical concern?
- Does the request pertain to an active clinical case?

Obtain preliminary information from the requester

- Requester's contact information and title
- Urgency of request
- Brief description of the case and the ethical concern
- Requester's role (e.g., attending physician, family member, administrator)
- Steps already taken to resolve the ethical concern
- Type of assistance desired (e.g., forum for discussion, conflict resolution, policy interpretation, moral support)

Establish realistic expectations about the consultation process

- Describe the ethics consultation process and its goals (orally or in writing)
- Correct any misconceptions the requester may have

Formulate the ethics question

- Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable? or
Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?
- Values are defined as strongly held beliefs, ideals, principles, or standards that inform ethical decisions or actions



ASSEMBLE the Relevant Information

Consider the types of information needed

- Medical facts
- Patient's preferences and interests
- Other parties' preferences and interests
- Ethics knowledge
- ◆ Codes of ethics, ethics guidelines, and consensus statements
- ◆ Published literature
- ◆ Precedent cases
- ◆ Institutional policy and documents, and law
- ◆ Outside ethics experts

Identify the appropriate sources of information

- Face-to-face patient visit
- Direct examination of the health record and other documents
- Interviews with key staff members
- Interviews with family members and friends

Gather information systematically from each source

- Adapt the content and depth of information to fit the needs of the case
- Collect firsthand information whenever possible
- Independently verify critical information
- Distinguish medical facts from value judgments
- Notify the attending physician before interviewing the patient

Summarize the information and the ethics question

- Communicate the summary to key participants
- Respectfully report information from various sources
- Attempt to reconcile contradictory information
- Reformulate the ethics question, if necessary



SYNTHESIZE the Information

Determine whether a formal meeting is needed

- Prepare by communicating with key participants and reviewing relevant ethics knowledge
- Explain goals and set ground rules
- "Level the playing field"

Engage in ethical analysis

- Apply ethics knowledge to the circumstances and ethics question
- Apply various approaches to ethical analysis

Identify the ethically appropriate decision maker

- Determine whether the patient has decision-making capacity
- If the patient lacks capacity, determine his/her known preferences and authorized surrogate
- Clarify the limits of the surrogate's authority
- If no surrogate is available, facilitate the process described in policy
- Health care professionals determine what clinical interventions are consistent with sound medical practice
- The patient/surrogate determines whether to accept these interventions
- The health care organization may legitimately place limits on patient/surrogate or provider choice

Facilitate moral deliberation about ethically justifiable options

- Offer options that may not have been considered
- Review the range of ethically justifiable options
- Cite sources to support the claim that a particular option is not ethically justifiable
- Support the ethically appropriate decision maker in the decision-making process